

<i>SERFF Tracking Number:</i>	<i>ELAS-127687548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXA Equitable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49947</i>
<i>Company Tracking Number:</i>	<i>2010 APP 01 ADV</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>RC 11 ADV</i>		
<i>Project Name/Number:</i>	<i>Application Filing/2010 App 01 ADV</i>		

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: RC 11 ADV

SERFF Tr Num: ELAS-127687548 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non-
Variable and Variable

SERFF Status: Closed-Approved-
Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: 2010 APP 01 ADV

State Status: Approved-Closed

Filing Type: Form

Author: Robert Palermo

Reviewer(s): Linda Bird

Date Submitted: 10/05/2011

Disposition Date: 10/07/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 11/07/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Application Filing
Project Number: 2010 App 01 ADV
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/07/2011
State Status Changed: 10/07/2011
Created By: Robert Palermo
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Robert Palermo

Filing Description:

Please see attached filing letter for details.

Company and Contact

Filing Contact Information

Gregory Prato, Assistant Vice President
1290 Avenue of the Americas, 14th Floor
New York, NY 10104

greg.prato@axa-equitable.com
212-314-5710 [Phone]
212-314-3380 [FAX]

Filing Company Information

SERFF Tracking Number: ELAS-127687548 State: Arkansas
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 49947
 Company Tracking Number: 2010 APP 01 ADV
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: RC 11 ADV
 Project Name/Number: Application Filing/2010 App 01 ADV

AXA Equitable Life Insurance Company CoCode: 62944 State of Domicile: New York
 1290 Avenue of the Americas, 14-10 Group Code: 968 Company Type: LIFE Insurance
 New York,, NY 10104 Group Name: State ID Number:
 (212) 314-2921 ext. [Phone] FEIN Number: 13-5570651

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR Filing fee of \$50.00 per form (1).
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$50.00	10/05/2011	52476930

SERFF Tracking Number:	ELAS-127687548	State:	Arkansas
Filing Company:	AXA Equitable Life Insurance Company	State Tracking Number:	49947
Company Tracking Number:	2010 APP 01 ADV		
TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable	Sub-TOI:	A02.11.002 Flexible Premium
Product Name:	RC 11 ADV		
Project Name/Number:	Application Filing/2010 App 01 ADV		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/07/2011	10/07/2011

<i>SERFF Tracking Number:</i>	<i>ELAS-127687548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXA Equitable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49947</i>
<i>Company Tracking Number:</i>	<i>2010 APP 01 ADV</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>RC 11 ADV</i>		
<i>Project Name/Number:</i>	<i>Application Filing/2010 App 01 ADV</i>		

Disposition

Disposition Date: 10/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ELAS-127687548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXA Equitable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49947</i>
<i>Company Tracking Number:</i>	<i>2010 APP 01 ADV</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>RC 11 ADV</i>		
<i>Project Name/Number:</i>	<i>Application Filing/2010 App 01 ADV</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variable Text Memorandum		Yes
Supporting Document	Filing Letter		Yes
Form	Application		Yes

SERFF Tracking Number: ELAS-127687548 State: Arkansas

Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 49947

Company Tracking Number: 2010 APP 01 ADV

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable

Product Name: RC 11 ADV

Project Name/Number: Application Filing/2010 App 01 ADV

Form Schedule

Lead Form Number: 2010 App 01 ADV

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010 App 01 ADV	Application/ Application Enrollment Form	Initial			Generic Application - 2010 App 01 ADV.pdf

RETIREMENT CORNERSTONESM SERIES ADV

Enrollment Form/Application

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2010GVAC and
Application for Individual Contract

Please make checks payable to:

AXA Equitable

First-Class Mail:

AXA Equitable
Retirement Service Solutions
P.O. Box 1577
Secaucus, NJ 07096-1577



AXA EQUITABLE

Express Mail:

AXA Equitable
Retirement Service Solutions
500 Plaza Drive, 6th Floor
Secaucus, NJ 07094-3619

For Assistance, please call **800-338-3434**

www.axa-equitable.com
AXA Advisors, LLC

CONTRACT SPECIFICS

1. Type of Contract

- A.** ☐ Non-Qualified
☐ Traditional IRA
☐ Roth IRA
☐ Inherited IRA BCO Direct Transfer of Decedent IRA¹
- ☐ Inherited Roth IRA BCO Direct Transfer of Decedent Roth IRA¹
☐ Non Spousal Beneficiary QP Direct Rollover to an Inherited IRA BCO¹

¹ GIB and Special Money Market DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

- ☐ Check or Wire
☐ 1035 Exchange (from Single Owner Contract, NQ only)
☐ 1035 Exchange (from Joint Owner Contract, NQ only)
- ☐ CD or Mutual Fund Proceeds (NQ only)
☐ Direct Transfer (IRA or Roth)
☐ Rollover (IRA or Roth)
☐ Direct Rollover (Non-Spousal Beneficiary QP to Inherited IRA BCO only)¹

¹ GIB and Special Money Market DCA are not available.

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

- ☐ Individual ☐ Trust ☐ UGMA/UTMA (State _____ Child's SSN _____)
☐ Other Non-Natural Owner ☐ Beneficiary of Deceased IRA Owner
☐ Non-Spousal Beneficiary of Deceased QP Participant
- ☐ Male ☐ Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) ☐ SSN ☐ EIN ☐ ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 9.

Email Address _____

PATRIOT Act Information:¹

1. Are you a US Citizen? (If "Yes" proceed to question 3.) ☐ Yes ☐ No
2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? ☐ Yes ☐ No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.)

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) ☐ Valid Driver's License ☐ Passport ☐ State Issued ID

Identification Number _____ Exp. Date _____

¹ The Annuitant must complete this section if the Owner is not an individual.

AXA Equitable Life Insurance Company

Home Office: 1290 Avenue of the Americas, New York, NY 10104

X03649_core
AXA Advisors, LLC



Cat. No. 148735 Series ADV
Page 1 of 9

B. Joint Owner (Must be legal resident of US.) NQ only☐ Male ☐ Female Date of Birth (mm/dd/yyyy) _____Name (First) (Middle Initial) (Last) Taxpayer Identification Number (Please check one.) ☐ SSN ☐ ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted City State ZIP Code

Joint Owner Form of Identification (Please check one.) ☐ Valid Driver's License ☐ Passport ☐ State Issued ID

Identification Number Exp. Date

Email Address

C. Annuitant (If other than Owner.)☐ Male ☐ Female Date of Birth (mm/dd/yyyy) _____Name (First) (Middle Initial) (Last) Taxpayer Identification Number (Please check one.) ☐ SSN ☐ ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted City State ZIP Code

If the Owner is not an individual the Annuitant must complete the Patriot Act Information section on the previous page.

D. Joint Annuitant

- For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

☐ Male ☐ Female Date of Birth (mm/dd/yyyy) _____Name (First) (Middle Initial) (Last) Taxpayer Identification Number (Please check one.) ☐ SSN ☐ ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted City State ZIP Code

3. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

Unless otherwise indicated, proceeds will be divided equally.

A. Primary

1. _____ %	Relationship to Owner	Date of Birth (optional)
Primary Beneficiary Name		
2. _____ %	Relationship to Owner	Date of Birth (optional)
Primary Beneficiary Name		
3. _____ %	Relationship to Owner	Date of Birth (optional)
Primary Beneficiary Name		

B. Contingent

1. _____ %	Relationship to Owner	Date of Birth (optional)
Contingent Beneficiary Name		
2. _____ %	Relationship to Owner	Date of Birth (optional)
Contingent Beneficiary Name		
3. _____ %	Relationship to Owner	Date of Birth (optional)
Contingent Beneficiary Name		

OPTIONAL GUARANTEED BENEFIT RIDER ELECTIONS

Benefit Election Eligibility

Owner Issue Ages 20-75

- The Guaranteed Benefit Riders are only available to owner issue ages 20-75.
- We will automatically issue the contract with the Guaranteed Income Benefit (GIB) combined with the Return of Principal death benefit unless you elect otherwise in Section 4A and or 4B.
- If you accept the default benefit rider, please proceed to Section 5.

Owner Issues Ages 76 and Older

- For Owner issue ages 76 and older, the GIB and Guaranteed Minimum Death Benefit (GMDB) are not available. Please proceed to Section 5.

The Death benefit, if any, in connection with the Investment Performance Account Value is equal to amounts in the Investment Performance Account Investment Options.

- The benefit riders are optional and may only be chosen at the time of the application. There are additional charges for these riders, unless otherwise noted.
- If you opt out of the GIB at issue by declining it below in section 4A, you will not be able to add it later.
- Benefits under these riders apply only to amounts allocated to the Protection with Investment Performance Account Investment Options.
- You may allocate amounts to the Protection with Investment Performance Account Investment Options immediately or at a future date, subject to the terms and limitations of the contract.
- If you do not allocate amounts to the Protection with Investment Performance Account Investment Options, these rider(s) will have no value under your contract until you allocate amounts at a future date.

4A: Guaranteed Income Benefit (GIB)¹

STOP Eligible contracts will automatically issue with the GIB combined with the Return of Principal death benefit².

To opt out of the GIB, please check the box below.

☐ I decline the GIB

4B: Guaranteed Minimum Death Benefit (GMDB)

To elect a GMDB **other than** the Return of Principal death benefit², please make an election below:

- STOP** ☐ Greater of Annual Roll up to age 85 or Highest Anniversary Value to age 85 death benefit (Available only if you did not opt out of the GIB in section 4A)
- ☐ Highest Anniversary Value to age 85 death benefit (Available as a standalone death benefit for Owner issue ages 0-75 or in combination with GIB).

¹ Not Available for Inherited IRA/Inherited Roth IRA.

² There is no charge for the Return of Principal death benefit.

INVESTMENT SELECTION

- You must allocate 100% of your initial contributions to either the Investment Options in Section 5A **OR** any Special Money Market DCA in Section 5B.
- All future allocations will be allocated according to the percentages below unless instructed otherwise by you.
- Contributions received after the Special DCA program terminates will be allocated to the Investment Performance Account Investment Options and the Protection with Investment Performance Account Investment Options according to the instructions below.
- If you do not allocate amounts to the Protection with Investment Performance Account Investment Options, the optional rider(s) will have no value under your contract until you allocate amounts at a future date.

INVESTMENT PERFORMANCE ACCOUNT Investment Options

Enter the total percent you wish to allocate to your Investment Performance Account below. Percentages must be whole numbers.

Total Percent Allocated to Investment Performance Account Investment Options _____%

PROTECTION WITH INVESTMENT PERFORMANCE ACCOUNT Investment Options

The Protection with Investment Performance Account Investment Options are only available to owner issue ages 0–75. Enter the total percent you wish to allocate to your Protection with Investment Performance Account Investment Options below. Percentages must be whole numbers.

Total Percent Allocated to Protection with Investment Performance Account Investment Options _____%

Total Investment Performance Account Investment Options percentage plus Protection with Investment Performance Account Investment Options percentage must equal 100%

Choose either A or B below.

5A: ☐ **Immediate Allocation**

- Allocate immediately to the Investment Performance Account Investment Options and/or the Protection with Investment Performance Account Investment Options.

5B: ☐ **Special Money Market Dollar Cost Averaging Program**

- **Note:** Special Money Market DCA is not available with Inherited IRA/Inherited Roth IRA

Check box for one time period.

☐ 3 months ☐ 6 months ☐ 12 months

- You may have one DCA program in effect at any given time.
- You may designate either or both the Investment Performance Account Investment Options and the Protection with Investment Performance Account Investment Options as the destination Option for DCA.

INVESTMENT PERFORMANCE ACCOUNT Investment Options

Percentages must be whole numbers

Allocation %

Asset Allocation

- % All Asset Allocation
- % AllianceBernstein VPS Balanced Wealth Strategy Portfolio
- % AXA Aggressive Allocation
- % AXA Balanced Strategy
- % AXA Conservative Growth Strategy
- % AXA Conservative Strategy
- % AXA Growth Strategy
- % AXA Moderate Allocation
- % AXA Moderate Growth Strategy
- % AXA Moderate-Plus Allocation
- % BlackRock Global Allocation V.I. Fund
- % EQ/AllianceBernstein Dynamic Wealth Strategies¹
- % EQ/Franklin Core Balanced
- % EQ/Franklin Templeton Allocation
- % Fidelity® VIP Asset Manager: Growth® Portfolio
- % Franklin Income Securities Fund
- % Franklin Templeton VIP Founding Funds Allocation Fund
- % Ivy Funds VIP Asset Strategy
- % Fidelity® VIP Freedom 2015 Portfolio
- % Fidelity® VIP Freedom 2020 Portfolio
- % Fidelity® VIP Freedom 2025 Portfolio
- % Fidelity® VIP Freedom 2030 Portfolio

Large Cap

- % American Century VP Large Company Value Fund
- % BlackRock Large Cap Growth V.I. Fund
- % EQ/BlackRock Basic Value Equity
- % EQ/Boston Advisors Equity Income
- % EQ/Capital Guardian Research
- % EQ/Davis New York Venture
- % EQ/JPMorgan Value Opportunities
- % EQ/Montag & Caldwell Growth
- % EQ/Mutual Large Cap Equity
- % EQ/T. Rowe Price Growth Stock
- % EQ/Van Kampen Comstock
- % EQ/Wells Fargo Omega Growth
- % Fidelity® VIP Contrafund® Portfolio
- % Ivy Funds VIP Dividend Opportunities
- % Lord Abbett Classic Stock
- % MFS® Investors Growth Stock Series
- % MFS® Investors Trust Series
- % Mutual Shares Securities Fund

Mid Cap

- % American Century VP Mid Cap Value Fund
- % EQ/Morgan Stanley Mid Cap Growth
- % Fidelity® VIP Mid Cap Portfolio
- % Goldman Sachs VIT Mid Cap Value Fund
- % Invesco V.I. Mid Cap Core Equity Fund
- % Ivy Funds VIP Mid Cap Growth
- % Lord Abbett Growth Opportunities

Small Cap

- % EQ/AllianceBernstein Small Cap Growth
- % EQ/AXA Franklin Small Cap Value Core
- % EQ/GAMCO Small Company Value
- % Invesco V.I. Small Cap Equity Fund
- % Ivy Funds VIP Small Cap Growth

Hybrid/PLUS

- % EQ/Global Multi-Sector Equity
- % EQ/International Core PLUS
- % EQ/International Value PLUS
- % EQ/Large Cap Growth PLUS
- % EQ/Large Cap Value PLUS
- % EQ/Mid Cap Value PLUS

Allocation %

International/Global

- % AllianceBernstein VPS International Growth Portfolio
- % EQ/International Equity Index
- % EQ/MFS International Growth
- % EQ/Oppenheimer Global
- % EQ/Templeton Global Equity
- % Invesco V.I. International Growth Fund
- % Lazard Retirement Emerging Markets Equity Portfolio
- % MFS® International Value Portfolio
- % Templeton Developing Markets Securities Fund
- % Templeton Foreign Securities Fund
- % Templeton Growth Securities Fund

Sector/Specialty

- % EQ/GAMCO Mergers and Acquisitions
- % Invesco V.I. Dividend Growth Fund
- % Invesco V.I. Global Real Estate Fund
- % Invesco V.I. Leisure Fund
- % Ivy Funds VIP Energy
- % Ivy Funds VIP Global Natural Resources
- % Ivy Funds VIP Science & Technology
- % MFS® Technology Portfolio
- % MFS® Utilities Series
- % PIMCO VIT Commodity/RealReturn® Strategy Portfolio
- % ProFund VP Biotechnology
- % RydexISGI VT Managed Futures Strategy Fund
- % RydexISGI VT Alternative Strategies Allocation Fund
- % T. Rowe Price Health Sciences Portfolio - II
- % Van Eck VIP Global Hard Assets Fund

Index/ATM

- % AXA Tactical Manager 400
- % AXA Tactical Manager 500
- % AXA Tactical Manager 2000
- % AXA Tactical Manager International
- % EQ/Common Stock Index
- % EQ/Equity 500 Index
- % EQ/International ETF
- % EQ/Large Cap Growth Index
- % EQ/Large Cap Value Index
- % EQ/Mid Cap Index
- % EQ/Small Company Index

Fixed Income

- % EQ/Core Bond Index
- % EQ/Global Bond PLUS
- % EQ/Intermediate Government Bond Index
- % EQ/Money Market
- % EQ/PIMCO Ultra Short Bond
- % Fidelity® VIP Strategic Income Portfolio
- % Franklin Strategic Income Securities Fund
- % Guaranteed Interest Option (GIO) (maximum [25%])
- % Invesco V.I. High Yield Fund
- % Ivy Funds VIP High Income
- % Lord Abbett Bond Debenture
- % PIMCO VIT Emerging Markets Bond Portfolio
- % PIMCO VIT Real Return Strategy Portfolio
- % PIMCO VIT Total Return Portfolio
- % Templeton Global Bond Securities Fund

100%
TOTAL%

Investment Performance Account Investment Options*

* This amount represents 100% of the percentage is shown above in the Investment Performance Account Investment Option section.

¹ Available on or about September 19, 2011.

PROTECTION WITH INVESTMENT PERFORMANCE ACCOUNT Investment Options

Percentages must be whole numbers

Category 1:

AXA Strategic Allocation – There is no minimum or maximum for this Protection with Investment Performance Account Investment Option Category.

Allocation %

_____ % GB AXA Balanced Strategy
_____ % GB AXA Conservative Growth Strategy
_____ % GB AXA Conservative Strategy
_____ % GB AXA Moderate Growth Strategy
_____ % GB EQ/AllianceBernstein Dynamic Wealth Strategies¹

Category 2:

Fixed Income – You must allocate at least 40% of your Contribution to this Protection with Investment Performance Account Investment Option Category if you allocate any percents to Category 3.

Allocation %

_____ % GB EQ/Core Bond Index
_____ % GB EQ/Intermediate Government Bond Index

Category 3:

Equity – If you elect this Category, you must allocate at least 40% to Category 2, Fixed Income. You may allocate up to 60% of your Contribution to this Protection with Investment Performance Account Investment Option Category.

Allocation %

_____ % GB AXA Growth Strategy
_____ % GB AXA Tactical Manager 400*
_____ % GB AXA Tactical Manager 500
_____ % GB AXA Tactical Manager 2000*
_____ % GB AXA Tactical Manager International

* Allocations to each of these Protection with Investment Performance Account Investment Options may not exceed 10%.

Protection with Investment Performance Account Investment Options TOTALS – MUST EQUAL 100%

_____ % + _____ % + _____ % = 100 %
Category 1 Category 2 Category 3 TOTAL**

** This amount represents 100% of the percentage shown above in the Protection with Investment Performance Account Investment Options section.

¹ Available on or about September 19, 2011.

6. Broker Transfer Authority Disclosure

☐ **Yes.** I have given authority to my financial professional to act as my agent and provide to AXA Equitable Investment Option transfer instructions by telephone or electronically, and I hereby authorize AXA Equitable to act on such instructions. I understand and acknowledge that AXA Equitable (i) may rely in good faith on the stated identity of the person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as we receive written notification in our processing office that broker transfer authority has been terminated. Upon receipt of such notification, AXA Equitable will terminate the financial professionals ability to provide transfer instructions on your behalf. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

7. Current Insurance

1. Do you have any other existing life insurance or annuities? ☐ **Yes** ☐ **No**

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued? ☐ **Yes** ☐ **No**

If **Yes** to question number 2, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number
Company	Type of Plan	Year Issued	Certificate/Contract Number
Company	Type of Plan	Year Issued	Certificate/Contract Number

8. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

☐ I have a second residence in the state of sale.

☐ I work or conduct business in the state of sale.

If none of the above apply the application must be signed in your state of Primary Residence, unless we approve another state.

9. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted	City	State	Zip Code

10. Fraud Warnings

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **District of Columbia:** WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **All Other States:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

11. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs and qualified plans that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that all the Taxpayer Identification Numbers in Section 2 are correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No Financial Professional has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing signed by an officer of the company.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.
- The prospectus and applicable supplements contain more complete information including the limitations, restrictions and conditions that applies to the Certificate/Contract and any optional benefit riders.

OPTIONAL GUARANTEED BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- There are additional charges for the elected optional benefit riders, unless otherwise noted in this enrollment form/application.
- To receive the benefits under the rider(s), you must allocate amounts to the Protection with Investment Performance Account Investment Options either immediately or at a future date, subject to the terms and limitations of the Certificate/Contract. If AXA Equitable discontinues transfers and contributions to the Protection with Investment Performance Account Investment Options, I/we will thereafter not be able to create or add to the benefit base.
- The rollup rate used for the rollup benefit bases under GIB and GMDB (if elected) does not represent a guarantee of my Account Value or Cash Value.
- The benefit base does not represent an Account Value or Cash Value. The benefit base cannot be split in connection with a divorce.
- Allocations made to the Protection with Investment Performance Account Investment Option will automatically be rebalanced on a quarterly basis.
- The reset feature provided in conjunction with the GIB and GMDB is automatic and may trigger an increase in charge on a contract (subject to any maximum) if a reset occurs. The reset feature is available to age 95 for the GIB and age 85 for GMDB. You will have the option to opt out of the reset and increased charge.
- Withdrawals under the Certificate/Contract may reduce my optional benefit.
- An optional benefit may be of limited use if required minimum distributions apply, now or in the future, to my Contract because withdrawals that are made from this Certificate/Contract to meet the required amount may significantly reduce the benefit.

I acknowledge that I have received the most current prospectus and supplement. After reviewing my financial information and goals with my Financial Professional, I believe that this Certificate/Contract will meet my financial goals.

11. Signature and Acknowledgements (Continued)

Consent for Delivery of Initial Prospectus on CD-ROM:

☐ **Yes.** By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7771 and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you have read and understand the information.

X _____
Proposed Owner's Signature Signed at: _____ City, State _____ Date _____

X _____
Proposed Annuitant's Signature (if other than Owner) Signed at: _____ City, State _____ Date _____

X _____
Proposed Joint Owner's Signature (if other than Annuitant) Signed at: _____ City, State _____ Date _____

X _____
Proposed Joint Annuitant's Signature (if other than Owner) Signed at: _____ City, State _____ Date _____

12. Financial Professional Section

1. Does the Proposed Insured have any existing life insurance or annuity contracts? ☐ Yes ☐ No
2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? ☐ Yes ☐ No
3. Did you verify the identity and age by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? ☐ Yes ☐ No
4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? ☐ Yes ☐ No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United States and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X _____
Primary Financial Professional Signature _____ Social Security Number _____ Agent Code _____
_____ % () -
Print Name _____ Phone Number _____

Client Account Number at Broker-Dealer _____ Email Address _____ Agent Location _____

X _____
Secondary Financial Professional Signature _____ Social Security Number _____ Agent Code _____
_____ % () -
Print Name _____ Phone Number _____

SERFF Tracking Number: ELAS-127687548 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 49947
Company Tracking Number: 2010 APP 01 ADV
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: RC 11 ADV
Project Name/Number: Application Filing/2010 App 01 ADV

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this application form filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See Form Schedule.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to this application form filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Variable Text Memorandum		
Comments:		
Attachment:		
VTM for Application - 2010 App 01 ADV.pdf		

	Item Status:	Status Date:
Satisfied - Item: Filing Letter		
Comments:		
Attachment:		
AR RC 11 ADV Advisor App Filing Letter.pdf		

AXA EQUITABLE LIFE INSURANCE COMPANY
Statement of Variability
For Enrollment Forms and Applications **2010 App 01 ADV**

The following comments describe the nature and scope of the variable material in the forms. In addition, we may include in each section statements that provide instructions on how to complete the enrollment forms and applications to simplify administration and systems processing.

Any changes made in connection with the variability filed below will be done on a new business basis, in a fair and non-discriminatory manner.

1. The address, web address, telephone numbers, the catalog number, the barcode (which is reflective of the catalog number), and page footers of the form should be considered administrative in nature and are subject to change.
2. In Section 1 the Type of Contract references the markets (e.g., "NQ", "QP", "IRA", etc) that may be added or removed to reflect markets offered. Accordingly any footnote made to this section may be modified.
3. In Section 1 the available methods of payment may vary by the type of markets offered.
4. In Section 2 the available types of ownership may vary by the type of markets offered.
5. In Section 2 the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
6. In Section 4 the optional riders available under the contract will be shown here. As riders are added to the contract through the state approval process and/or product introduction of previously approved riders, this section may be modified. If the Company discontinues the offering of an optional benefit rider, it will not be shown in Section 5.
 - Owner issue ages may range from 20 – 90
 - Age 85 referenced in the GMDB Riders may vary from 70 to 95
7. In Section 5, Special Money Market DCA durations may change or additional periods may be added, such as 18 or 24 months.
8. In Section 5 the Separate Account Variable Investment Options available from AXA Equitable will be listed here and have been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Variable Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Variable Investment Options will be changed accordingly. The Categories shown under Protection with Investment Performance Account Investment Options may be revised in the future and accordingly the allocation rules there under may also change. Such changes will be done for purposes of risk mitigation to the Company in connection with the guaranteed benefits we offer. The percentages shown may range from 0 to 100.
9. In Section 5, the Guaranteed Interest Option allocation restriction amount may vary from 0 – 100%.
10. In Section 5, we reserve the right to change the minimum or maximum contribution amounts, which may change due to market conditions.



Jacqueline Sinatra
Policy Forms Associate
Annuity Product Management & Filing

October 5, 2011

Mr. Jay Bradford, Insurance Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: AXA Equitable Life Insurance Company
NAIC No.: 968-62944
FEIN 13-5570651
2010 App 01 ADV - Individual Fixed and Variable Annuity Application

Dear Mr. Bradford:

We are filing with the Arkansas Department of Insurance for approval the above referenced application form.

This is a new application and will not replace any existing application. However it mirrors 2010 App 02 ADV (rev 1010), approved on 11/22/2010 under State Tracking No. 47348 currently used in conjunction with Contract Form ICC10BASE1-A that was approved by the Department on 08/23/2010 under State Tracking No. 46557.

2010 App 02 ADV (rev 1010) is used by our brokers while 2010 App 01 ADV is being filed for use by AXA Equitable's Career Agents. Under this new application form, the difference between the broker application and the agent application submitted herein are:

- New form numbers
- Custodial (IRA/ROTH) is not offered under "Account Registration"
- References to "Registered Representative" are changed to "Financial Professional"
- References to "Representative Codes" are changed to "Agent Code"
- Additional Commission Options are available for election by our agents.

We are also enclosing a Memorandum of Variable Material for the application form. The required filing fee will be sent by express mail or EFT.

If you have any questions or need any additional information, please call me at (212) 314-5496 or Greg Prato at (212) 314-5710. Thank you.

Sincerely,

Jacqueline Sinatra
Policy Forms Associate